U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update Annual Plan for Fiscal Year: 2001

Cottonport Housing Authority Cottonport, LA 71327

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

Small PHA Plan Update HUD 50075

PHA Plan Agency Identification

PHA Name: Cottonport Housing Authority
PHA Number: LA 071
PHA Fiscal Year Beginning: (07/2001)
PHA Plan Contact Information: Name: Vanessa Waites, Executive Director Phone: (318)876-3457 TDD: Email (if available): cporth@kricket.net
Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply) Main administrative office of the PHA – 650 Jacob Drive, Cottonport, LA 71327 PHA development management offices
Display Locations For PHA Plans and Supporting Documents
The PHA Plans (including attachments) are available for public inspection at: (select all that apply) Main administrative office of the PHA – 650 Jacob Drive, Cottonport, LA 71327 PHA development management offices Main administrative office of the local, county or State government Public library PHA website Other (list below) A copy of this plan and supporting documents are available to agencies, institutions, organizations and political subdivisions which may refer clients.
PHA Plan Supporting Documents are available for inspection at: (select all that apply) Main business office of the PHA – 650 Jacob Drive, Cottonport, LA 71327 PHA development management offices Other (list below)
PHA Programs Administered: ☐ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

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Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

	24	CFR	Part	903.7	9 ((r)	1
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At PHA option, provide a brief overview of the information in the Annual Plan

The PHA has chosen not to submit an Executive Summary.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Undate.

We have no changes in policies discussed in last year's PHA Plan that are not covered in other sections of this Update.

2. Capital Improvement Needs [24 CFR Part 903.7 9 (g)]					
Exemptions: Section 8 only	y PHAs are not required to complete this component.				
A. Xes No: Is	the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?				
B. What is the amoun upcoming year? \$ 1	t of the PHA's estimated or actual (if known) Capital Fund Program grant for the 115,872.00				
	Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If of Component 7. If no, skip to next component.				
D. Capital Fund Progr	ram Grant Submissions				
-	and Program 5-Year Action Plan				
	nd Program 5-Year Action Plan is provided as Attachment C				
The Capital Tu	nd Program 3 Pedi Pretton Pidir is provided as Pidaenment C				
	and Program Annual Statement and Program Annual Statement is provided as Attachment B				
3. Demolition and [24 CFR Part 903.7 9 (h)]	d Disposition				
Applicability: Section 8 on	ly PHAs are not required to complete this section.				
	Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)				
2. Activity Description					
, 1					

Demolition/Disposition Activity Description				
(Not including Activities Associated with HOPE VI or Conversion Activities)				
1a. Development name:				
1b. Development (project) number:				
2. Activity type: Demolition				
Disposition				
3. Application status (select one)				
Approved				
Submitted, pending approval				
Planned application				
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)				
5. Number of units affected:				
6. Coverage of action (select one) Part of the development				
Total development				
7. Relocation resources (select all that apply)				
Section 8 for units				
Public housing for units				
Preference for admission to other public housing or section 8				
Other housing for units (describe below)				
8. Timeline for activity:				
a. Actual or projected start date of activity:				
b. Actual or projected start date of relocation activities:				
c. Projected end date of activity:				
4. Voucher Homeownership Program				
[24 CFR Part 903.7 9 (k)]				
A. Tes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)				
B. Capacity of the PHA to Administer a Section 8 Homeownership Program The PHA has demonstrated its capacity to administer the program by (select all that apply): Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):				

5. Safety and Crime Prevention: PHDEP Plan [24 CFR Part 903.7 (m)]
Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.
A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$
C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
D. Yes No: The PHDEP Plan is attached at Attachment
6. Other Information [24 CFR Part 903.7 9 (r)]
A. Resident Advisory Board (RAB) Recommendations and PHA Response
1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
 3. In what manner did the PHA address those comments? (select all that apply) The PHA changed portions of the PHA Plan in response to comments A list of these changes is included Yes No: below or Yes No: at the end of the RAB Comments in Attachment Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment
Other: (list below)
B. Statement of Consistency with the Consolidated Plan For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).
1. Consolidated Plan jurisdiction: State of Louisiana, Division of Administration, Office of Community Development, P. O. Box 94095, State Capitol Annex, Baton Rouge, LA 70804-9095

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2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)					
The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.					
The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.					
The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.					
Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)					
Other: (list below) Reduction of vacancy rate, modernize public housing, attract or provide supportive services, assure fair					
housing for all, train staff, counsel residents on home ownership opportunities.					
3. PHA Requests for support from the Consolidated Plan Agency ☐ Yes ☑ No: Does the PHA request financial or other support from the State or local government agency in					
order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:					
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)					
The State has issued a Certification indicating that our Agency Plan is in compliance with the Consolidated Plan of the State of Louisiana. This Certification is on file at the PHA's Administrative					
Office.					
C. Criteria for Substantial Deviation and Significant Amendments					
1. Amendment and Deviation Definitions 24 CFR Part 903.7(r)					
PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.					
Our PHA has no significant amendments and deviation definitions from the 5 Year Plan.					
A. Substantial Deviation from the 5-year Plan: Our PHA has no substantial deviations from the 5 Year Plan.					
B. Significant Amendment or Modification to the Annual Plan:					
Our PHA has no significant amendment or modification to the Annual Plan.					

Attachment A_ Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Related Plan Component			
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans			
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans			
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans			
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs			
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources			
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies			
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies			
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies			
X	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination			
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination			
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination			
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance			
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations			

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Related Plan Component			
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency			
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations			
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance			
	Public housing grievance procedures Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures			
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures			
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs			
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs			
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs			
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs			
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition			
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing			
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing			
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership			
	Policies governing any Section 8 Homeownership program (sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership			
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency			

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Related Plan Component			
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency			
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency			
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other	Annual Plan:			
	resident services grant) grant program reports	Community Service & Self-Sufficiency			
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention			
	PHDEP-related documentation:	Annual Plan: Safety			
	 Baseline law enforcement services for public housing developments assisted under the PHDEP plan; 	and Crime Prevention			
	 Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 				
	CFR 761.15); Partnership agreements (indicating specific leveraged				
	support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;				
	 Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies 				
	 (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 				
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)	Pet Policy			
	check here if included in the public housing A & O Policy				
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit			
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs			
	Other supporting documents (optional)	(specify as needed)			
	(list individually; use as many lines as necessary)	(specify as needed)			

		ATTACUMEN	ТВ				
	ual Statement/Performance and Evalua	<u>-</u>					
Cap	ital Fund Program and Capital Fund P	rogram Replacement	Housing Factor ((CFP/CFPRHF) Pa	rt 1: Summary		
PHA I	Name: Cottonport Housing Authority	Grant Type and Number		·	Federal FY of Grant:		
		Capital Fund Program: LA48	P07150101		2001		
		Capital Fund Program					
		Replacement Housing Factor					
_	iginal Annual Statement			evised Annual Statement (r	evision no:		
	rformance and Evaluation Report for Period Ending:	Final Performance and	.				
Line	Summary by Development Account	Total Estimat	ed Cost	Total A	ctual Cost		
No.							
<u> </u>	The state of the s	Original	Revised	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations						
3	1408 Management Improvements						
4	1410 Administration						
5	1411 Audit						
6	1415 liquidated Damages	4.12.22					
7	1430 Fees and Costs	\$12,000					
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures	\$103,872					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Nondwelling Structures						
13	1475 Nondwelling Equipment						
14	1485 Demolition						
15	1490 Replacement Reserve						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1499 Development Activities						
19	1502 Contingency						
20	Amount of Annual Grant: (sum of lines 2-19)	\$115,872					
21	Amount of line 20 Related to LBP Activities						

	ATTACHMENT B							
Ann	Annual Statement/Performance and Evaluation Report							
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary							
PHA N	ame: Cottonport Housing Authority	Grant Type and Number			Federal FY of Grant:			
		Capital Fund Program: LA	.48P07150101		2001			
		Capital Fund Program						
			Replacement Housing Factor Grant No:					
☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision				vision no:)				
Per	Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report							
Line	Summary by Development Account	Total Estir	mated Cost	Total Ac	tual Cost			
No.								
22	Amount of line 20 Related to Section 504 Compliance							
23	Amount of line 20 Related to Security – Soft Costs							
24	Amount of line 20 Related to Security – Hard Costs							
25	Amount of line 20 Related to Energy Conservation							
	Measures							
26	Collateralization Expense or Debt Service							

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: Cotto	nport Housing Authority	Grant Type and Nu Capital Fund Progr Capital Fund Progr Replacement I	am #: LA48P(Federal FY of Grant: 2001		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity		Total Estimated Cost		Total Actual Cost	
Name/HA-Wide Activities	23376			Original	Revised	Funds Obligated	Funds Expended	Work
LA071	Fees and costs	1430		\$12,000.00				
				.00				
	Installation of central air conditioning and heating	1460	30	\$103,872.00				

TOTAL				\$115,872.00				

Annual Statemen	t/Performar	ice and l	Evaluatio	n Report			
Capital Fund Pro	gram and C	apital F	und Prog	gram Replac	ement Hous	ing Factor	· (CFP/CFPRHF)
Part III: Implem	entation Scl	nedule					
PHA Name: Cottonport He		Grant	Type and Nur				Federal FY of Grant: 2001
				m#: LA48P071			
Development Number	A11 F	und Obligate		m Replacement Hot	ll Funds Expended	1	Reasons for Revised Target Dates
Name/HA-Wide		t Ending Da			uarter Ending Date		Reasons for Revised Target Dates
Activities							
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	12/31/2001						

ATTACHMENT C

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name				☐ Original 5-Year Plan☐ Revision No:	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: LA48P07150202 PHA FY: 07/01/02	Work Statement for Year 3 FFY Grant: LA48P07150303 PHA FY: 07/01/03	Work Statement for Year 4 FFY Grant: LA48P07150404 PHA FY: 07/01/04	Work Statement for Year 5 FFY Grant: LA48P07150505 PHA FY: 07/01/05
LA 071 HA-Wide		Fees and Costs @ \$12,000	Fees and Costs @ \$12,000	Welfare to Work Activities \$5,000	Welfare to Work Activities \$5,000
		Installation of air conditioning @ 30 units @ \$103,872	Installation of air conditioning @ 30 units @ \$103,872	Transfer of funds to account 1406 @ \$110,872	Transfer of funds to account 1406 @ 110,872
Total CFP Funds (Est.)		\$115,872.00	\$115,872.00	\$115,872.00	\$115,872.00
Total Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages – Work Activities

Activities for	Activities for Year: 2	Activities for Year: 3	Activities for Year: 4	Activities for Year: 5	Activities for Year: 6
Year 1	FFY Grant:	FFY Grant:	FFY Grant: LA71P03550303	FFY Grant:	FFY Grant:
	LA48P07150101	LA48P07150202	PHA FY: 07/2003	LA48P07150404	LA48P07150505
	PHA FY: 07/2001	PHA FY: 07/2002		PHA FY: 07/2004	PHA Year: 07/2005
Hire contractor	Hire contractor to install	Hire contractor to install	Provide welfare to work activities	Provide welfare to work	Provide welfare to
to install A/C at	A/C at 30 units	A/C at 30 units	and transfer funds to account	activities, transfer funds	work activities and
30 units			1406	to account 1406	transfer funds to
					account 1406

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Note: This thiber than template (Heb 30075-		to be complete	cu iii accorua	ince with insti	uctions locati	cu iii appiicab	ic i iii ivotices.
Section 1: General Information/History							
A. Amount of PHDEP Grant \$							
B. Eligibility type (Indicate with an "x")	N1	_ N2					
C. FFY in which funding is requested							
D. Executive Summary of Annual PHDEP P	lan						
In the space below, provide a brief overview of the PHDE outcomes. The summary must not be more than five (5) s	P Plan, including hi	ghlights of majo	r initiatives or	activities underta	ken. It may incl	lude a description	n of the expected
E. Target Areas							
Complete the following table by indicating each PHDEP	•			· · · · · · · · · · · · · · · · · · ·			_
Area, and the total number of individuals expected to part available in PIC.	cipate in PHDEP sp	oonsored activitie	es in each Targ	get Area. Unit cou	int information	should be consis	stent with that
PHDED Target Areas	Total # of Units w	rithin Total I	Population to	1			

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months 18 Months 24 Mo

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY PHDEP Budget Summary					
Original statement					
Revised statement dated:					
Budget Line Item	Total Funding				
9110 – Reimbursement of Law Enforcement					
9115 - Special Initiative					

9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement				Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDE	Other Funding	Performance Indicators
	Persons	Population	Date	Complete	P	(Amount/	
	Served			Date	Funding	Source)	
1.							
2.							
3.							

9115 - Special Initiative	Total PHDEP Funding: \$

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match						Total PHDEP Funding: \$			
Goal(s)									
Objectives									
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators		
	Persons	Population	Date	Complete	Funding	(Amount /Source)			
	Served			Date					
1.									
2.									
3.									

9120 - Security Personnel			Total PHDEP Funding: \$				
Goal(s)					1		
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvement			Total PHDEP Funding: \$				
Goal(s)					1		
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention						Total PHDEP Funding: \$		
Goal(s)								
Objectives								
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators	
	Persons	Population	Date	Complete	Funding	(Amount /Source)		
	Served			Date				
1.								
2.								
3.								

9170 - Drug Intervention		Total PHDEP Funding: \$					
Goal(s)					11		
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment		Total PHDEP Funding: \$					
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Co		Total PHDEP Funds: \$					
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment D Resident Member on the PHA Governing Board

A. Name of resident member(s) on the governing board: Elsie Young B. How was the resident board member selected: (select one)? □Elected □Appointed C. The term of appointment is (include the date term expires): 2. A. If the PHA governing board does not have at least one member who is directly assisted to the PHA, why not? □ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis □ he PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. □ Other (explain): B. Date of next term expiration of a governing board member: C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Cleveland Carmouche, Mayor of Cottonport	1. 🛭	Yes No:	_	overning board includ by the PHA this year?	e at least one member who i (if no, skip to #2)	is
 2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain): Date of next term expiration of a governing board member: C. Name and title of appointing official(s) for governing board (indicate appointing official for the period of the period of]	Elsie Young How was the resid □Elec	lent board member	C	,	
the PHA, why not? the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain): B. Date of next term expiration of a governing board member: C. Name and title of appointing official(s) for governing board (indicate appointing official for	C. 7	The term of appoin	ntment is (include t	he date term expires):		
C. Name and title of appointing official(s) for governing board (indicate appointing official for	2	the PHA, why	not? the PHA is located board to be salaried the PHA has less that notice to the reside governing board, a to participate in the	in a State that required and serve on a full than 300 public housing ent advisory board of the and has not been notification.	es the members of a governing the basis ag units, has provided reason the opportunity to serve on the opportunity	ng nable he
	В.	Date of next term	expiration of a gov	verning board member	r:	
						al for
Cottonport Housing Authority 5 Year Plan Page 24	Cott	onport Housing Aut	thority 5	Year Plan	Page 24	

Expires: 03/31/2002

Required Attachment E

Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

- 1. Ora Jenkins
- 2. Velma Wells
- 3. Irma Eldridge

ATTACHMENT F

Summary/Comments of Goals and Objectives

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

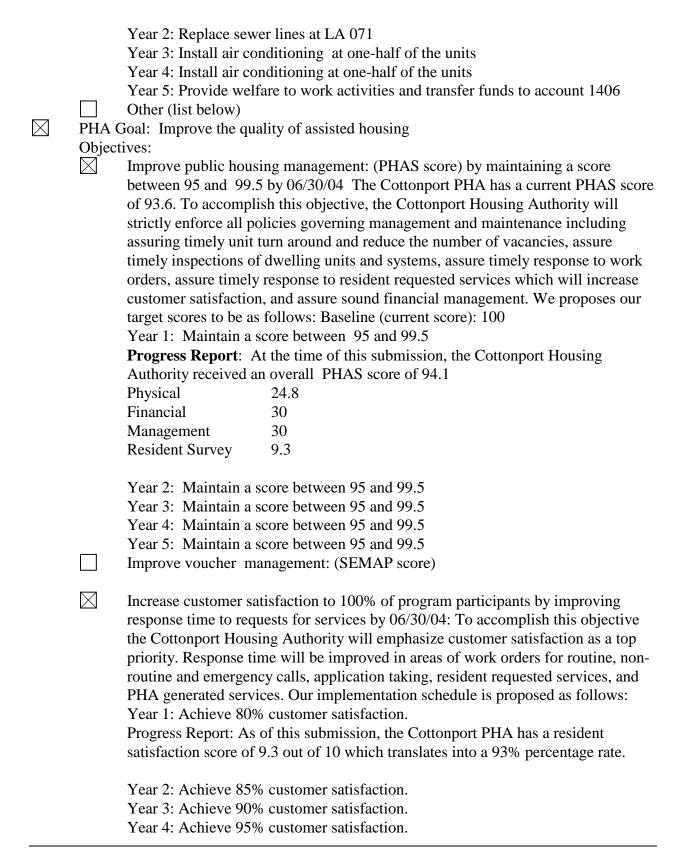
HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

\square	рил (Goal: Expand the supply of assisted housing
	Object	
		Apply for additional rental vouchers:
	\bowtie	Reduce public housing vacancies to 2% and maintain a percentage which is
		equaled to 2% or lower than 2% by 06/30/04: To accomplish this objective, the
		Cottonport Housing Authority will take affirmative steps to insure that units are
		turned around as quickly as possible. Under "normal" circumstances, we propose
		to implement a turn around period that would not exceed 16 days. Further, we will
		expeditiously as possible screen applicants to assure timely admission. Our
		implementation schedule is as follows:
		Year 1: Reduce the vacancy rate to 2% or maintain a 2% vacancy rate.
		Progress Report : At the time of this submission the Cottonport Housing
		Authority had 0 vacancies.
		Year 2: Reduce the vacancy rate to 2 % or maintain a 2% vacancy rate.
		Year 3: Reduce the vacancy rate to 2% or maintain a 2% vacancy rate.
		Year 4: Reduce the vacancy rate to 2 % or maintain a 2% vacancy rate.
		Year 5: Reduce the vacancy rate to 2 % or maintain a 2% vacancy rate.
		Leverage private or other public funds to create additional housing opportunities: Renovate or modernize public housing units by 06/30/04: To accomplish this
		objective, the Cottonport Housing Authority conducted a comprehensive needs
		assessment which revealed that while much of the housing stock has been modernized, there are certain items which still need addressing which include:
		drainage and sewer work and the installation of air conditioning in units to make
		them competitive with other private units in the area. Our proposed
		implementation schedule is as follows:
		Year 1: Replace drainage at LA 071
		Progress Report : This work was already done as well as Year 2 activities, which
		enabled the PHA to move forward and install central air conditioning and heat at
		30 units.

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	Year 5: Achieve 100% customer satisfaction. Concentrate on efforts to improve specific management functions by 06/30/04: T accomplish this objective the Cottonport Housing Authority will assure that staff is adequately trained and possess the necessary skills to perform effectively and efficiently. Such management areas as financial management, Admissions and Continued Occupancy, unit inspections, voucher management, and maintenance service delivery will be scheduled on a regular basis to assure continued quality of services. Our implementation schedule is as follows: Year 1: Attend at least 4 training sessions rotating staff attendance Progress Report: At the time of this submission, the Cottonport Housing Authority has met this goal. Year 2: Attend at least 4 training sessions rotating staff attendance. Year 3: Attend at least 4 training sessions rotating staff attendance. Year 4: Attend at least 4 training sessions rotating staff attendance. Year 5: Attend at least 4 training sessions rotating staff attendance.
	Renovate or modernize public housing Demolish or dispose of obsolete public housing: Provide replacement public housing: Provide replacement vouchers: Other: (list below)
PHA Object	Provide voucher mobility counseling to participating families: Conduct outreach efforts to potential voucher landlords Increase voucher payment standards Implement voucher homeownership program: Implement public housing or other homeownership programs by providing homeownership counseling to at least 100% of families in possession by 06/30/04: To accomplish this objective, the Cottonport Housing Authority will link with a non-profit organization providing home ownership counseling to families. Topics will include but will not be limited to: 1. Preparing for home ownership - advantages versus disadvantages, affordability, examining credit reports 2. Shopping for a home - deciding new versus old, finding the right house, negotiating the purchase, submitting the offer, terms of the contract, conducting an appraisal, home inspection 3. Obtaining a mortgage - shopping for a loan, the mortgage checklist, applying for a loan, loan processing
	 Loan closing - preparing for closing, the actual closing documents Life as a home owner - settling in, maintenance, financial management, tax planning, home equity, re-financing, pre-paying the mortgage

We propose to implement as follows:

Year 1: Counsel 20% of Low Rent families on the waiting list and in possession **Progress Report**: At the time of this submission, the Cottonport Housing Authority has met this goal by partnering with the Paridise Realty Company, a local realtor, which conducted homeownership training sessions to it's residents and surrounding community.

Year 2: Counsel 20% of Low Rent families on the waiting list and in possession
Year 3: Counsel 20% of Low Rent families on the waiting list and in possession
Year 4: Counsel 20% of Low Rent families on the waiting list and in possession
Year 5: Counsel 20% of Low Rent families on the waiting list and in possession
Implement public housing site-based waiting lists:
Convert public housing to vouchers:
Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

PHA Goal: Provide an improved living environment
The Cottonport Housing Authority is EXEMPT from this goal.
Objectives:

Implement measures to deconcentrate poverty by bringing at least 5 higher income public housing households into lower income developments by 06/30/04: To accomplish this objective, the Cottonport Housing Authority will revise its Admissions and Occupancy Policy to include steps to deconcentrate poverty and seek opportunities to increase the number of higher-income families in lower/extremely-low income properties and lower/extremely-low income families in higher-income properties. Based on analysis, the Cottonport Housing Authority does not have properties with significant numbers of higher-income families. Rather, our PHA desires for all of its families properties to enjoy a greater percentage of working families. With this in mind, the Cottonport Housing Authority intends to increase the number of working families over the next five years. This will afford a mix of income levels among the lower/extremely-low income families and the higher-income families. Our proposed implementation schedule is as follows:

Year 1: House at least 1 higher income families in lower income communities and at least 1 lower income families in higher income communities.

Progress Report – According to the latest Federal Register, the Cottonport Housing Authority is exempt from implementing this goal and objective as the total number of units comprised in the PHA is 60.

Year 2: House at least 1 higher income families in lower income communities and at least 1 lower income families in higher income communities.

Year 3: House at least 1 higher income families in lower income communities and

Cottonport Housing Authority

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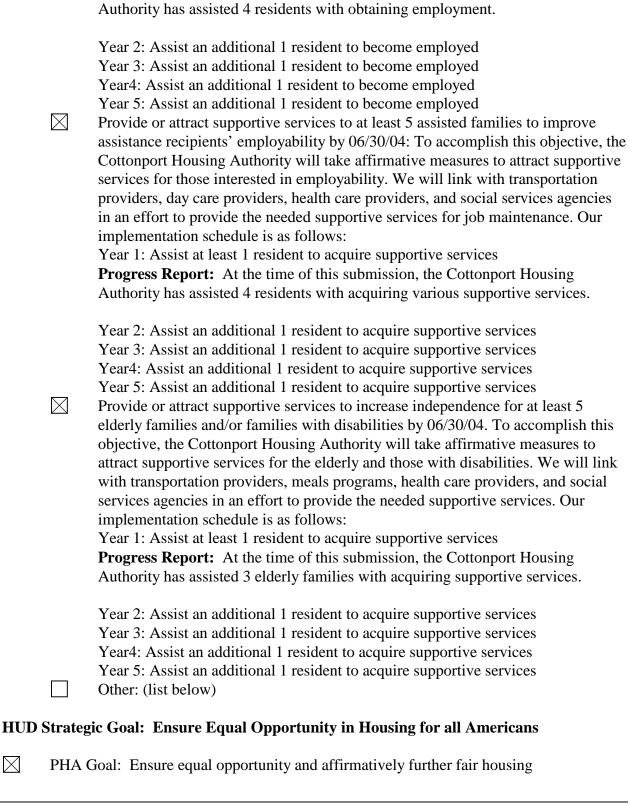
at least 1 lower income families in higher income communities. Year 5: House at least 1 higher income families in lower income communities and at least 1 lower income families in higher income communities. \boxtimes Implement measures to promote income mixing in public housing by assuring access for at least 5 lower income families into higher income developments by 06/30/04: To accomplish this objective, the Cottonport Housing Authority will revise its Admissions and Occupancy Policy to include steps to deconcentrate poverty and seek opportunities to increase the number of higher-income families in lower/extremely-low income properties and lower-income families in higherincome properties. Based on analysis, the Cottonport Housing Authority does not have properties with significant numbers of higher-income families. Rather, our PHA desires for all of its families properties to enjoy a greater percentage of working families. With this in mind, the Cottonport Housing Authority intends to increase the number of working families to at least 5 over the next five years. This will afford a mix of income levels among the lower/extremely-low income families and the higher-income families. Our proposed implementation schedule is same as above. **Progress Report** – According to the latest Federal Register, the Cottonport Housing Authority is exempt from implementing this goal and objective as the total number of units comprised in the PHA is 60. Implement public housing security improvements Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Other: (list below) HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals XPHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: \boxtimes Increase the number and percentage of employed persons in assisted families by at least 5 by 06/30/04: To accomplish this objective, the Cottonport Housing Authority will take affirmative measures to assist those interested in working the opportunity to work. A combination of incentives will be implemented including ceiling rents, working preferences, improved collaboration with business partners in our community. We will identify and utilize resources to assist residents seek and obtain meaningful employment. Once employed, we will treat their income in compliance with section 12(d) of the U.S. Housing Act. Our implementation is as

at least 1 lower income families in higher income communities.

Year 4: House at least 1 higher income families in lower income communities and

follows:

Year 1: Assist at least 1 resident to become employed



Progress Report: At the time of this submission, the Cottonport Housing

Cottonport Housing Authority

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Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability for 100% of families in possession and 100% of families on the waiting list by 06/30/04: To accomplish this objective, the Cottonport Housing Authority will implement the following:

Post in conspicuous places such as bulletin boards, churches, grocery

Post in conspicuous places such as bulletin boards, churches, grocery stores, department stores, civic and other organizations, aspects of equal opportunity and fair housing as provided by the CHA, distribute flyers about fair housing provided by our PHA, provide copies of fair housing literature to persons on the waiting list as well as those in possession, provide counseling to landlords about fair housing. Our implementation schedule is as follows:

Year 1: Distribute at least 50 flyers regarding fair housing **Progress Report:** At the time of this submission, the Cottonport Housing Authority has accomplished this goal.

Year 2: Distribute at least 50 flyers regarding fair housing

Year 3: Distribute at least 50 flyers regarding fair housing

Year 4: Distribute at least 50 flyers regarding fair housing

Year 5: Distribute at least 50 flyers regarding fair housing

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

Undertake affirmative measures to ensure accessible housing to 100% of persons with all varieties of disabilities regardless of unit size required by 06/30/04: To accomplish this objective the Cottonport Housing Authority will take affirmative steps to assure that persons with disabilities have access to housing. This will be accomplished by assuring that a minimum of 5% of our low rent units are in compliance with Section 504 of the American Disabilities Act, that where possible, units are equipped with devices for the visually and hearing impaired, and insuring that the office is equipped for accessibility, and pathways to the office provide a direct path for easy access.

Progress Report: As of this submission, the Cottonport Housing Authority has met this goal.

Expires: 03/31/2002

ATTACHMENT G

HOUSING AUTHORITY OF COTTONPORT

PET POLICY

In compliance with Section 526 of the Quality Housing and Work Responsibility Act of 1998, PHA residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets are subject to the following rules and limitations:

1. Common household pets shall be defined as "domesticated animals" such as dog, cat, bird, rodent, fish or turtle. Common household pets are defined as follows:

Bird Includes Canary, parakeet, Finch and other normally kept caged; birds of prey are not permitted.

Fish In tanks or aquariums, not to exceed 20 gallons in capacity, poisonous or dangerous fish are not permitted.

Dogs Not to exceed 16 lbs. Weight, or 15 inches in height at full growth.

Dogs must be spayed or neutered. Veterinarian's recommended/suggested types of dogs are as follows:

A. Chihuahua
B. Pekingese
Cocker Spaniel
Dachshund
Poodle
Terriers

D. Schnauzer

NO PIT BULLS WILL BE PERMITTED

Cats must be spayed or neutered and be declawed or have scratching post, and should not exceed 15 pounds.

Rodents Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. These animals must be kept in appropriate cages.

Reptiles other than turtles or small lizards such as chameleons are

not considered household pets.

Cottonport Housing Authority

Reptiles

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Exotic Pets At no time will the PHA approve of exotic pets, such as snakes, monkeys, game pets, etc.

- 2. No more than one dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of 20 gallons shall be permitted. A resident with a dog or cat may also have other categories of "common household pets" as defined above.
- 3. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's apartment for the purpose of handling, but shall not generally be unrestrained.
- 4. Only one dog or cat is allowed per household. **NO PIT BULLS WILL BE PERMITTED**. All dogs and cats will need to be on a leash, tied up or otherwise restrained at all times when they are outside.
- 5. Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, PHA employees, or the public, by reason of noise, unpleasant odors or other objectionable situations. Pets shall be kept free from fleas, ticks, or other vermin. Pets will not be allowed in the management office area. Pets shall be kept on a leash at all times when not in own apartment.
- 6. Each owner shall be fully responsible for the care of the pet, including proper disposal of pet waste in a sanitary manner. Tenants are responsible to remove and dispose of all pet waste. There will be a \$5.00 waste removal charge per occurrence if the owner fails to comply with the removal rule. Specific instructions for pet waste shall be available in the management office. Improper disposal of pet waste is a lease violation and may be grounds for termination.
- 7. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.)
- 8. All pets shall be registered with the Management Office immediately or no longer than the ten 10 days following their introduction to the community. Registration shall consist of providing:
 - a. Basic information about the pet (type, age, description, name, etc.)

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- b. Proof of inoculation and licensing.
- c. Proof of neutering or spaying. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and all male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying or neutering, veterinarians' certificate will be necessary to allow the pet to become or continue to be a resident of the community.
- d. Payment of an additional security deposit of \$250.00 (to be paid in full) to defray the cost of potential damage done by the pet to the unit or to common areas of the community. There shall be no additional security deposit for pets other than dogs or cats. The additional security deposit shall not preclude charges to a resident for repair of damages done on an ongoing basis by a pet. The resident is responsible for all damages caused by the pet and will reimburse the Authority for all costs it incurs in repairing such damages. This deposit is refundable if no damage is identified at the move-out inspection.
- e. If a resident cannot care for their pet due to an illness, absence, or death, and no other person can be found for the pet, after 24 hours have elapsed, the tenant hereby gives permission for the pet to be released to the Humane Society/Animal Control in accordance with their procedures. In no case shall the PHA incur any cost or liability for the care of a pet placed in the care of another individual or agency under this procedure.
- f. Provide the name, address and phone number of one or more persons who will care for the pet if you are unable to do so. This information will be updated annually.

Name Address	Phone (day)	Phone (night)
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9. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the PHA from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or for the activities of his or her pet.

NOTE: THIS POLICY IS AN AGREEMENT BETWEEN THE HEAD OF HOUSEHOLD AND THE HOUSING AUTHORITY OF THE TOWN OF COTTONPORT AND NEEDS TO BE SIGNED ONLY IF A PET IS IN THE HOUSEHOLD.

Expires: 03/31/2002

provisions. I agree to abide by these provisions fully and understand that permission will be revoked if I fail to do so. Failure to comply with any part of the above sand/or to take corrective action after sufficient notice of the violation shall be cause for termination of the lease. I have received a copy of this policy.				
Name (Please Print)	Address	Unit No.		
Resident	Date			
Housing Authority of the	Date			

As head of household, I have read the pet policy as written above and understand these

ATTACHMENT H

Cottonport Housing Authority Community Service Policy

PURPOSE

The purpose of this policy is to establish a community service program in compliance with section 12\infty of the U.S. Housing Act of 1937, in accordance with new regulations at 24 CFR part 960, Subpart F, issued as part of "Changes to Admissions and Occupancy Requirements in the Public Housing and Section 8 Housing Assistance Programs; Final Rule" in the March 29,2000 Federal Register. Community Service is the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community.

This program is intended to provide a rewarding activity that will assist Cottonport Housing Authority (PHA) residents in improving their own and their neighbors' economic and social well-being and give residents a greater stake in their communities.

Exemptions

The following are exemption categories from the community service requirement. An adult who:

- Is 62 years or older;
- Is a blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c), and who certifies that because of this disability she or he is unable to comply with the service provisions of this subpart, or
- Is a primary caretaker of such individual;
- Is engaged in work activities
- Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program administered in the State of Louisiana, including a welfare to work program; or
- Is a member of a family receiving assistance, benefits or services under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program administered in the State of Louisiana, including a welfare to work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

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Expires: 03/31/2002

Service Requirements

The Cottonport Housing Authority will require each adult member of the household, unless otherwise exempt, to contribute eight (8) hours per month of community service, or economic self-sufficiency activities, or a combination of both activities. The Cottonport Housing Authority shall give residents the greatest choice possible. Community service activities shall include, but shall not be limited to:

- 1. Improving the physical environment of the resident's development;
- 2. Volunteer work in a local school, hospital, child care center, homeless shelter, or other community service organization;
- 3. Working with youth organizations;
- 4. Helping neighborhood groups on special projects
- 5. Participation in programs that develop and strengthen resident self-responsibility such as:
 - a. Drug and alcohol abuse counseling and treatment;
 - b. Household budgeting and credit counseling;
 - c. English proficiency;
- 6. Apprenticeships and job readiness training.

 Community service is not employment and may not include political activities.

Residents must provide proof that they have completed the requisite amount of service hours of community service and/or self sufficiency activities two months prior to the end of their lease.

Family Violation of Service Requirements

The Cottonport Housing Authority's lease specifies that it shall be renewed for all purposes, unless the family fails to comply with the service requirement. Violation of the service requirement is grounds for non-renewal of the lease at the end of the twelve month lease term, but not for termination of tenancy during the course of the twelve month lease term.

Administration of Service Requirements

It is the obligation of the Cottonport Housing Authority's Executive Director to verify annually that all members of the household, who are subject to the service requirement, are in compliance or are no longer residing in the unit.

The Cottonport Housing Authority will provide guidance lists of acceptable activities to residents, along with ways to contact various groups and agencies that meet the requirement and intent of the community service provision.

It will be the sole responsibility of the resident to contact, schedule and perform the required eight (8) hours per month and total annual requisite hours.

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The Cottonport Housing Authority requires that residents receive advance approval of any community service activity that is not included on Cottonport Housing Authority's guidance lists prior to performing the services.

The Cottonport Housing Authority will provide a Verification Certificate for the resident to have completed and signed by the community service and/or self-sufficiency activity contact with whom the resident is working or engaging in self-sufficiency activities. It is the responsibility of the resident to deliver this completed certificate to Cottonport Housing Authority. This verification will be requested by the Cottonport Housing Authority two months before the lease expires.

Resident Compliance

If the Cottonport Housing Authority determines that there is a family member who is required to fulfill a service requirement, but who has violated this family obligation (noncompliant resident), the Cottonport Housing Authority will notify the tenant of this determination. This notification will describe the noncompliance and state that the Cottonport Housing Authority may not renew the lease upon expiration of the term unless:

- The tenant, and any other noncompliant resident, enter into a written agreement with the Cottonport Housing Authority, in the form and manner required by the Cottonport Housing Authority, to cure the noncompliance by completing the additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve-month term of the new lease; and
- The family provides written assurance satisfactory to the Cottonport Housing Authority that all other members of the family who are subject to the service requirement are currently complying with the service requirement or are no longer residing in the unit.

Grievance Procedures

The Cottonport Housing Authority will comply with the due process requirement outlined in Section 512 of the Quality Housing Work responsibility Act of 1998 for residents when reviewing and determining resident compliance with the community service and self-sufficiency requirement.

The resident may request a grievance hearing on the Cottonport Housing Authority determination, and may exercise any available judicial remedy to seek timely redress for the Cottonport Housing Authority's non-renewal of the lease because of such determination.

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ATTACHMENT I

Component 3, (6) Deconcentration and Income Mixing

a.	☐ Yes X No:	Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to next question.
b.	☐ Yes ☐ No:	Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this question is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments

Deconcentration 1 oney for covered bevelopments				
Development Name:	Number of Units	Explanation (if any)/	Deconcentration	
		see step 4 at	policy (if no	
		§903.2©(1)((iv))/	explanation)/ see	
			step 5 at	
			§903.2©(1(v)/	

Expires: 03/31/2002